
Physical Activity Policy

The Background:

Results from the National Health and Nutrition Examination Survey (NHANES) indicate that an estimated 16 percent of children and adolescents ages 6-19 are overweight. According to the Bogalusa Heart Study, 77% of children (with a mean age of 10) who were overweight as children became obese as adults. Overweight children who became obese adults had increased risk for cardiovascular disease, including elevated levels of triglycerides, insulin, and diabetes mellitus. In light of these statistics, it is apparent that the home, school and community environments need changes in order to improve student health.

In adopting the Child Nutrition and WIC Reauthorization Act of 2004, Congress established a new requirement that all school systems with a federally funded school meals program develop and implement wellness policies that address nutrition and physical activity by the beginning of the 2006-07 school year. This policy addresses the physical activity aspects of the requirement.

The Department of Education and the State Board of Education are working collaboratively in developing guidelines to address physical activity, nutrition, academic achievement, and lifelong wellness in Tennessee schools and communities.

A Physical Education Taskforce, comprised up of individuals representing the State Department of Education, State Board of Education, Tennessee Education Association, American Heart Association, administrators and teachers, medical professionals, Tennessee School Boards Association, and Tennessee Soft Drink Association, has convened to draft policy guidelines for maintaining regular physical activity.

Under the proposed policy, each local school system will establish a School Health Advisory Council to assist schools in implementing and using the results of a school health index to create a healthier environment for students. The policy also includes resources to assist the health councils and schools.

The Recommendation:

The Department of Education recommends adoption of the policy on final reading. The SBE staff concurs with this recommendation.

PHYSICAL ACTIVITY POLICY

State Department of Education

August 18, 2005

PHYSICAL ACTIVITY POLICY

Preamble

- Children need opportunities to be physically active and have access to healthful foods in order to grow, learn, and thrive;
- Physical activity needs to be balanced with good nutrition in order to create a healthy learning environment;
- Physical activity has substantial health benefits for students including favorable effects on body weight, blood pressure, endurance capacity and physical strength to promote healthy lifelong learning;
- Physical activity has been shown to promote good academic outcomes and to reduce the barriers to learning;
- Good health fosters student attendance and education and helps to increase a student's capacity for learning;
- Community participation is essential to the development and implementation of school policies that support and promote physical activity and good nutrition in the school setting.

Rationale

Parents, communities, and schools share the responsibility to help students establish and maintain lifelong habits of being physically active. The US Surgeon General maintains that regular physical activity is one of the most important ways people of all ages can maintain and improve physical, mental, and emotional health and improve over all well-being.

- The self reported overweight prevalence among Tennessee high school students was 15% in 2003.
- Increases in overweight have occurred in all ages, racial and ethnic groups, and both genders.
- The prevalence of being overweight for adolescence has tripled in the past two decades and the risk of death rises with increasing weight.
- Over 80% of people with diabetes are overweight.

- Tennessee has the nation's third highest rate of overweight adults.
- The percentage of young people who are overweight has more than doubled in the last 20 years.

In 2004, the United States Congress established a new requirement that all school systems with a federally funded school meals program develop and implement wellness policies that address nutrition and physical activity by the start of the 2006-2007 school year (The Child Nutrition and WIC Reauthorization Act of 2004). This policy addresses the physical activity aspects of the requirement and provides information to school systems to use in developing their own policies.

Policy

I. School Health Advisory Councils

Each Local Education Agency (LEA) shall establish a School Health Advisory Council. The advisory council will consist of a group of individuals representing the school and community, including parents, students, teachers, school administrators, school board members, health professionals, school food service representatives, and members of the public. The council serves as a resource to school sites for implementing policies. The primary responsibilities of the council include but are not limited to:

- developing, implementing, monitoring, reviewing and as necessary revising physical activity and nutrition policies;
- ensuring that all schools within the LEA create and implement an action plan related to modules from the *School Health Index*
- ensuring that the results of the action plan are annually reported to the School Health Advisory Council;
- ensuring that school level results include measures of progress on each indicator of the *School Health Index*.

LEAs will consider the recommendations of the School Health Advisory Council in making any policy changes that affect the healthy learning environment.

II. Implementation of School Health Index

Beginning July 1, 2006, each school within the LEA will begin implementation of the *School Health Index*, which can be obtained free of charge. The *School Health Index* is an internationally recognized researched-based instrument developed by the Centers for Disease Control and Prevention, Division of School and Adolescent Health. This instrument was developed to provide a self assessment and planning tool to allow schools to assess the healthy learning environment.

Initially, schools will develop an action plan related to the following modules of the School Health Index:

Module 1: School Health and Safety Policies and Environment (a component of the *School Health Index* as contained in Appendix A)

Module 3: Physical Education and Other Physical Activity Programs (a component of the *School Health Index* as contained in Appendix B)

Module 4: Nutrition Services (a component of the *School Health Index* as contained in Appendix C)

In subsequent years, LEAs will complete other modules of the School Health Index including Health Education; School Health Services; School Counseling, Psychological, and Social Services; Health Promotion for Staff; and Family and Community Involvement.

Schools will use the *School Health Index* to:

- Identify the strengths and weaknesses of school health policies and programs;
- Develop an action plan for improving the healthy learning environment of the school;
- Involve, parents, community members, students and others in improving policies and programs;
- Develop a local School Health Improvement Plan, using the *School Health Index* overall score card.

Schools will use the local School Health Improvement Plan to:

- facilitate improvement in the areas of physical activity and nutrition at the local school level;
- integrate school health planning into the overall school improvement process;
- provide a report to the School Health Advisory Council.

Each LEA will ensure annually that all schools administer a baseline assessment on each of the three recommended School Health Index modules (modules #1, 3, and 4). This assessment will summarize the results, identify school strengths, promote discussion regarding areas that need improvement, and facilitate planning for making improvements. The LEA will submit the baseline assessment to the School Health Advisory Council.

This information will be reported to the State Department of Education on the Annual Data and Compliance Report, as required by TCA 49-1-1001 et seq.

III. Relationship to Coordinated School Health Initiative

These activities will complement and expand upon the efforts begun under the Coordinated School Health Improvement Act of 1999 (TCA 49-1-1001 et seq.) A Coordinated School Health Initiative is an effective system designed to connect health and learning. This coordinated approach improves student's health and their capacity to learn through the support of families, communities, and schools. This model is commonly used for organizing a quality school health program consisting of eight interrelated components (Kolbe and Allensworth, 1987). The Coordinated School Health model provides a means to address the various barriers to student learning by engaging all students and staff. In Tennessee, the model has been implemented in ten pilot sites.



Additional Recommendations of the Physical Activity Taskforce

1. The LEAs should work cooperatively with local, state, and federal organizations and agencies such as the American Heart Association, American Cancer Association, Action for Healthy Kids, Tennessee Medical Association, Tennessee School Boards Association, Tennessee Education Association, Department of Health, Department of Education, State Board of Education, Governor's Council on Physical Fitness and Health, Tennessee Association for Health, Physical Education, Recreation and Dance (TAHPERD) and the Centers for Disease Control and Prevention.
2. Physical activity should be integrated into all curricula areas of the school program.
3. Supervised recess should be offered daily to all elementary school children.
4. A community report card should be developed to identify school and community resources that promote physical activity. These resources should take into consideration the needs and interests of all community members, and differences in gender, cultural norms, physical and cognitive abilities and fitness levels.
5. LEAs should offer professional development in the area of physical education and health education.
6. A physical education consultant position should be created in the Department of Education
7. A health education consultant position should be created in the Department of Education
8. LEAs should align their policies with the recommendations of the professional organizations such, as National Association for Sport and Physical Education, National Alliance for Nutrition and Activity, American Heart Association, American Cancer Society, Centers for Disease Control and Prevention, Action for Healthy Kids, American Academy of Pediatrics, American School Health Association, American Alliance for Health, Physical Education, Recreation and Dance.
9. LEAs should develop a Coordinated School Health Initiative (TCA -49-1-1001 et seq) by utilizing the following best practices:

- A designated coordinator
 - Administrative support and commitment
 - A School Health Advisory Council
 - Healthy School Teams
 - Professional development
 - Community Collaboration
 - Assessment (School Health Index)
 - Evaluation
10. LEAs should ensure that local courses of study are based upon the Lifetime Wellness Curriculum Standards, the K-8 Healthful Living Curriculum Standards, and the K-12 Physical Education Curriculum Standards.

Resources

Local Resources

- Lifetime Wellness Curriculum Standards
- K-8 Healthful Living Standards
- K-12 Physical Education Standards
- Coordinated School Health pilot sites
 - Gibson County/Trenton Special
 - Henry County
 - Loudon
 - Macon
 - Monroe
 - Putnam
 - Stewart
 - Tipton
 - Warren
 - Washington
- Mini-grants for planning a coordinated school health initiative provided by department of education.
- Nutrition and physical activity resources provided through the department of health.
- Blue Cross/Blue Shield “Walking Works for Schools Campaign”
- “It’s About Time Initiative”, Department of Health.
- Ten elementary Physical Education Demonstration Schools
- *Master Plan for Tennessee Schools* (Key Result Area 8), State Board of Education.

National Resources

- School Health Index (CDC)
- VERB : It’s What You Do (CDC)
- BAM : Body and Mind (CDC)
- Fit, Healthy and Ready to Learn (NASBE)
- United States Department of Agriculture
- National Health Education Standards (ACS)
- Promoting Healthy Youth, Schools, and Communities
- Healthy People 2010 www.health.gov/healthypeople
- Making It Happen
- Talking About Health Is Academic
- How Schools Work And How To Work With Schools (NASBE)

- National Health Education Standards
- Bright Futures In Practice/Physical Activity
- Guidelines For School and Community Programs to Promote Lifelong Physical Activity Among Young People (CDC)
- President's Council on Physical Fitness and Sports www.fitness.gov
- www.healthfinder.gov (CDC)

Curriculum Resources

- Growing Healthy
- Planet Health
- Michigan Model
- Coordinated Approach To Child Health (CATCH)
- HealthTeacher.com
- Physical Best

Definitions

1. Extracurricular activities: school sponsored voluntary programs that supplement regular education and contribute to the educational objectives of the school.
2. Health-related physical fitness: cardio-respiratory endurance, muscular strength and endurance, flexibility and body composition.
3. Interscholastic athletics: organized individual and team sports that involve more than one school.
4. Intramurals: physical activity programs that provide opportunities for all students to participate in sports, fitness, and recreational activities within their own school.
5. Moderate physical activity: activities that are equivalent to brisk walking.
6. Physical education: a planned sequential program of curricula and instruction that helps students develop knowledge, attitudes, and motor skills.
7. Recess: regularly scheduled times within the school day for unstructured physical activity and play.
8. Regular physical activity: participation in moderate to vigorous physical activity for at least 30 minutes per day on most days of the week.
9. School Health Advisory Council: a representative council formed by each local education agency to monitor and review the *School Health Index* as reported by local schools. The advisory council should consist of parents, students, teachers, school administrators, school board members, health professionals, school food service representatives, and additional members of the local school community.
10. School Health Index: a self assessment and planning tool for schools that facilitates annual planning and the implementation of improved health strategies within schools. The *School Health Index* is based on individual school health needs, monitored along specific health modules and indicators.
11. Vigorous physical activity: exertion that makes a person perspire and breath hard, such a basketball, soccer, running, swimming, bicycling, dancing, and similar aerobic activities.

APPENDICES